

PLUMBING PERMIT APPLICATION

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| JOB SITE ADDRESS: | | | | PERMIT NUMBER: | | | | |
|---|--|-------------------------------------|--------------|----------------|-------------------------------|---------------|-------------|--|
| JOB SITE OWNER OR BUSI | NESS NAME: | Addition | Remodel | Repair | Replace | Lateral | Other | |
| | | | | • | <u> </u> | | Other | |
| INTERIOR FIXTURE TYPE – (I | PLEASE INDICA | TE THE QUAI | | | | STALLED) | | |
| Bath Tub | Hose Bib | | | | Floor Drain | | | |
| Shower Stall | Dishwasher | | | | Roof Drain | | | |
| Sinks (all types) | Garbage Dispos | | | | RP Valve | | | |
| Water Closet | Washing Machine | | | | Grea | ise Trap | | |
| UrinalLaundry TubLawn Sprinkler Conne | | | | ction | | | | |
| Bar Connection | | | | _Other | | | | |
| INTERIOR FIXTURES: FIRST FIXTURE \$25.00 PLUS \$10.00 EACH ADDITIONAL FIXTURE | | | | | | \$ | | |
| EXTERIOR FIXTURES: \$15.00 PER FIXTURE | | | | | | \$ | | |
| Water Connection/Fire Loop: | 2 aula 00 032 | En par ft for | cook foot ov | or 100 ft | | | | |
| Sanitary Sewer Lateral: | \$60.00 plus \$.50 per ft. for each foot over 100 ft. \$60.00 plus \$.50 per ft. for each foot over 100 ft. | | | | | \$ | | |
| Sanitary Building Drain: | \$60.00 plus \$.50 per ft. for each foot over 100 ft. | | | | | \$ | | |
| Storm Sewer Lateral: | \$60.00 plus \$.50 per ft. for each foot over 100 ft. | | | | | \$ | | |
| Storm Building Drain: | \$60.00 plus \$.50 per ft. for each foot over 100 ft. | | | | | \$ | | |
| Sewer Disconnection: | \$60.00 plus \$.50 per it. for each foot over 100 it. | | | | | \$ | | |
| Well Abandonment: | \$60.00 | | | | | \$ | | |
| | \$65.00 | | | | | \$ | | |
| Well Registration: Manholes: | | | | | | \$ | | |
| | \$15.00 each | | | | | | | |
| Catch Basins: | \$15.00 each | | | | | \$ | | |
| MINIMUM PERMIT FEE: \$60.0 | 00 | | (PI | | PERMIT FEI ecks payable to | | Sewer Util | |
| e undersigned agrees to install this pl | | ordance with the e Plumbing code | | | oal Ordinance g | overning plum | bing and th | |
| CONTRACTOR: MP LICENSE: | | | | | | | | |
| ADDRESS/CITY/ZIP: | | | | | | | | |
| PHONE: DATE | | | | | : | | | |
| PHONE: | | | | | | | | |
| EMAIL: | | | | | | | | |

*Applicant is responsible for notifying the Plumbing Inspector when work is ready for inspection to include underground, rough-in and/or final inspection.

ctions and/or questions contact Wit. Pleasant Plumbing Inspector Bob Bowers Phone: 262-664-7847 Email: rbowers@mtpleasantwi.gov

For inspections and/or questions contact Mt. Pleasant Plumbing Inspector Bob Bowers